Skin-Tone Trauma: Historical and Contemporary Influences on the Health and Interpersonal Outcomes of African Americans

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Abstract

Empirical evidence demonstrates that racism is a source of traumatic stress for racial/ethnic minorities, particularly African Americans. Like race and racism, skin tone and experiences of colorism—an often overlooked form of discrimination that privileges lighter skinned over darker skinned individuals, although not uniformly, may also result in traumatic stress. This article proposes a new conceptual model of skin-tone trauma. The model depicts how historical and contemporary underpinnings of colorism lead to colorist incidents that may directly and indirectly, by eliciting traumatic stress reactions, lead to negative effects on the health and interpersonal relationships of African Americans. Key tenets of critical race and intersectionality theories are used to highlight the complexities of skin-tone trauma as a result of intersectional identities on the basis of existing social hierarchies. Last, we present suggestions for researchers, as well as recommendations and strategies for practitioners, to unmask "skin-tone wounds" and promote healing for individuals, families, and communities that suffer from skin-tone trauma. Skin-tone trauma should be acknowledged by researchers, scholars, and practitioners to better understand and assess the widespread scope of trauma in the African American community.

Keywords

colorism, skin tone, health, skin-tone trauma

In late 2016, outrage erupted over the release of *Nina* (Mort & Latham-Jones, 2016), a new movie about the life of Grammy-winning soul singer, jazz legend, and activist Nina Simone. The movie starred Zoe Saldana, an Afro-Latina American actress with lighter skin and Eurocentric physical features who darkened her skin with makeup (labeled by critics as a blackface controversy) and wore facial prosthetics to more closely resemble Simone. Producers of the biopic, accused of perpetuating colorism, faced intense backlash in the media (Grinberg, 2016; Kreps, 2016; Rothman, 2016) and on social media. Colorism, defined as the unequal treatment and discrimination of individuals on the basis of the lightness or darkness of their skin tone, is an often overlooked form of discrimination that privileges individuals with lighter skin over those with darker skin, although not uniformly, within and across racial/ethnic groups (Dixon & Telles, 2017; Drake & Cayton, 1945; Landor & Barr, 2018; Monk,

2015). To many people, Nina Simone represented all of the stereotypical phenotypic characteristics of being a Black woman, including having dark skin. Responses to this controversy evoked an outcry of emotionally painful feelings of rejection, anger, and resentment, as many African American observers harkened back to lasting memories of their personal, vicarious, and collective experiences of colorism in which they felt unwelcomed, inadequate, and marginalized because of their skin tone. Critics felt that this robbed darker skinned actresses of the opportunity to "play themselves" in the movie and represent their lived experiences.

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As stated by Grammy Award–winning singer India Arie, "When you think about the way that we as human beings can inspire each other by being able to be our authentic selves, to deny someone who looks like Nina Simone the opportunity to play her is sad" (TheGrio, 2016). Moreover, many believed that casting Saldana was an affront to Simone's legacy and the treatment she received as a dark-skinned Black woman in the United States. In fact, fans asked whether a young Nina Simone could be cast in her own biopic. This controversy and the emotionally painful reactions to it highlights the continued salience of colorism and the need to examine the stress responses to colorism in the context of trauma.

Empirical evidence demonstrates that racism is a source of traumatic stress for racial and ethnic minorities, particularly African Americans, and can result in exposure to racial trauma (Keith, Lincoln, Taylor, & Jackson, 2010; Polanco-Roman, Danies, & Anglin, 2016). Racial trauma, defined as the psychological, physical, and emotional discomfort and pain that result from experiences with racism (Bryant-Davis & Ocampo, 2005; Carter, 2007), can spark anxiety, fear, and humiliation and may disrupt a positive sense of self. Despite this burgeoning research, conceptual models and frameworks on race-specific trauma has focused exclusively on the racial trauma due to experiences of racism (Bryant-Davis & Ocampo, 2005; Carter, 2007; Comas-Díaz, 2016). What is missing from this literature and public discourse is the inclusion of another culturally relevant factor that Hughes and Hertel (1990) argue plays as significant a role in the lives of African Americans as race does: skin tone.

One of the most enduring legacies of slavery and colonialism in the United States is a stratification system that not only privileges Whites over Blacks but also privileges lighter skinned Blacks over their darker peers (Dixon & Telles, 2017; Hagiwara, Kashy, & Cesario, 2012; Hunter, 2002, 2007; Landor et al., 2013). This stratification system is *colorism*. As Pulitzer Prize–winner Alice Walker (1982), who coined the term colorism, pointed out, "The matter of color, quiet as it is kept, is still an issue among us. Color still affects our thoughts, attitudes and perceptions about beauty and intelligence, about worth and self-esteem" (p. 67). In fact, colorism is believed to be as influential on the life-course outcomes of individuals and families as race itself (Hill, 2002; Wade & Bielitz, 2005). Although skin tone is one of a number of phenotypic characteristics (e.g., facial features, hair) used in racial categorization and identification, Telles and Paschel (2014) argue that it is the most important characteristic. To this end, we focus specifically on skin tone.

Furthermore, scholars suggest that almost every African American has an anecdotal skin-tone story about their experiences with colorism (i.e., *colorist incidents*)

in which they felt devalued, ostracized, or idealized on the basis of their skin tone. Golden (2004) described colorism as a form of genocide because of the "emotional toll it imposes" and lamented that the "lack of trust or acceptance of others that [colorism] breeds [is] exhausting and demoralizing" (p. 47). For instance, research has documented the agony of dark-skinned African Americans who reported being taunted by their peers, who labeled their dark skin as "unattractive" and "ugly" (Boylorn, 2012; Ferdinand, 2015; Russell-Cole, Wilson, & Hall, 2013; Wilder & Cain, 2011). In contrast, other studies show that being very light (the other extreme of the color continuum) is also stigmatized and a common source of discomfort and conflict (Brunsma & Rockquemore, 2001; Drake & Cayton, 1945; Hunter, 2005; Monk, 2015). Scholars have reported the frustration and sadness of light-skinned Blacks who described being ridiculed and the butt of jokes for being able to "pass for White" and rejected by others from their racial group who question the authenticity of their Blackness and legitimacy of their racial-group membership (e.g., not being "Black enough"; Hunter, 2008; Rockquemore, 2002; Russell, Wilson, & Hall, 1992; Weekes, 1997). It is important to note, however, that although there are downsides to both ends of the color continuum, the disadvantages of dark skin still far outweigh the disadvantages of light skin. For example, Hunter (2005) found that nearly all dark-skinned African American and Mexican women wanted to be lighter to gain the privileges received by their lighter peers. Conversely, none of these women, despite the negative experiences of colorism of light-skinned women (i.e., feelings of anger and resentment for being questioned about the authenticity of their Blackness), reported wanting to have darker skin.

Research has even pointed to emotional reactivity (e.g., anger, anxiety) as a result of the use of triggering terminology and derogatory names and messages such as being "pretty, for a dark skin girl," "light, bright, and almost white," "mulatto," or "tar baby" (Maddox & Gray, 2002; Parrish, 1946; Wilder, 2010). Moreover, several examples from popular culture, including the documentaries *Dark Girls* (Duke & Berry, 2011) and *Light Girls* (Flaherty & Frederic, 2015) and movies such as *School Daze* (Lee, 1988), provide numerous testimonies of the intense trauma experienced by African Americans because of the chronic and pervasive nature of colorism. To this end, we argue that skin tone and experiences of colorism may result in psychological, emotional, physical, and behavioral vulnerability and may result in traumatic stress or what we conceptualize as *skin-tone trauma*.

In this article, we build on the work of Carter (2007) by proposing a framework for conceptualizing skin-tone trauma that draws parallels between colorism and racism. According to Carter (2007),

existing and traditional theories or assessment approaches provide mental-health professionals and counseling psychologists with no guidance in recognizing the often subtle and indirect incidents of racism and discrimination and provide little guidance in assessing the specific effects of race-based encounters that produce psychological distress and perhaps traumatic injury. (p. 16)
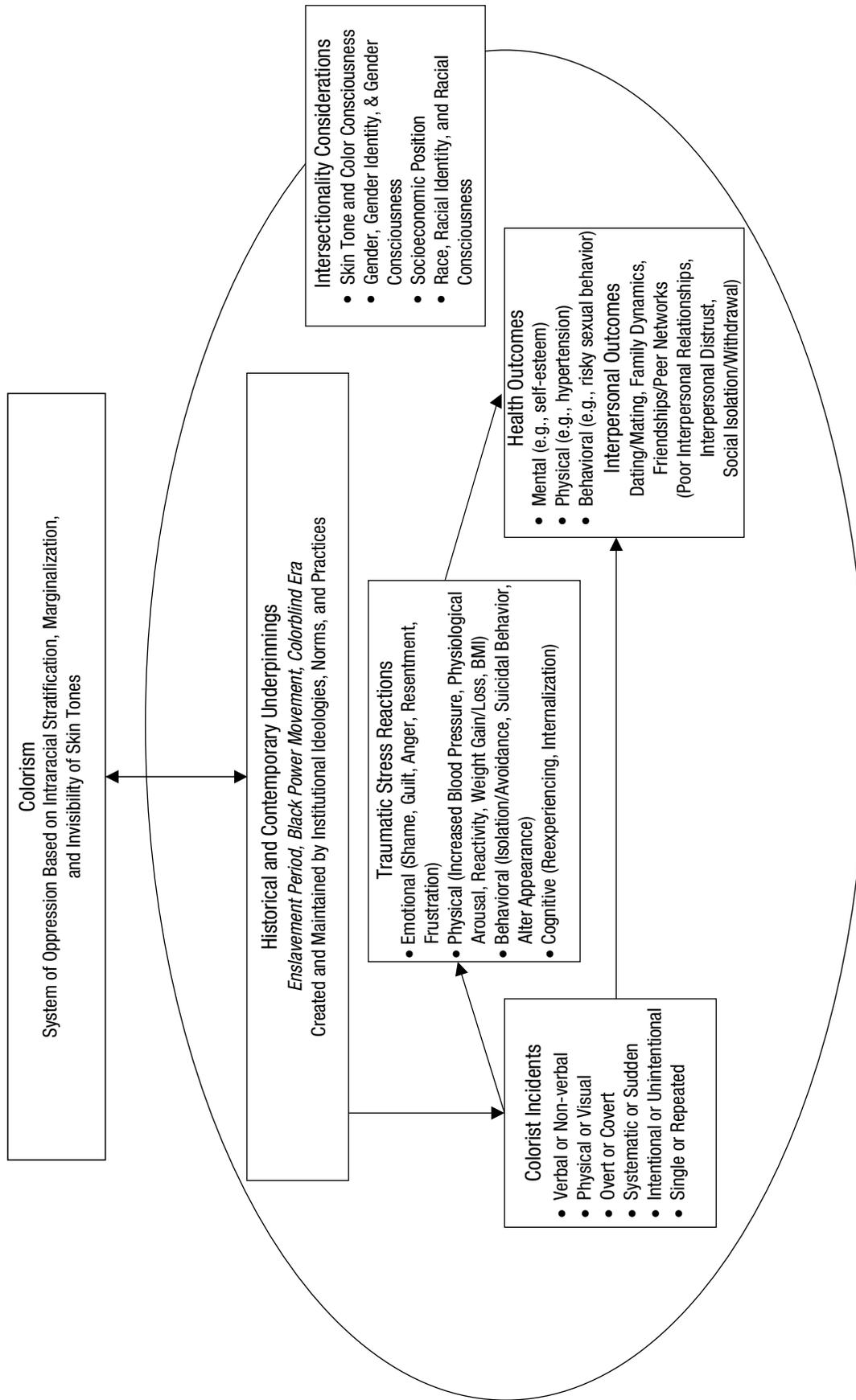
Our conceptual model draws on previous theoretical frameworks, developed by race and stratification scholars, that focus on preference, discrimination, and stereotyping. We draw attention specifically to a preference for Whiteness and to racial phenotypicality-bias frameworks that are rooted in social cognition and categorization. Preference-for-Whiteness theory posits that social-categorization processes result in the formation of in- and out-groups; in-group members receive preferential treatment and numerous advantages, whereas out-group members are exposed to negative attitudes and discrimination. Whiteness is a defining attribute of the in-group; therefore, regardless of racial classification, lighter skin becomes a proxy for Whiteness, which leads to access to greater resources and opportunities compared with those for darker skinned individuals (Darity, Dietrich, & Hamilton, 2005; Diette, Goldsmith, Hamilton, & Darity, 2015; Goldsmith, Hamilton, & Darity, 2007; Painter, Holmes, & Bateman, 2015). Likewise, racial phenotypicality bias is the influence of racial phenotypical features in impression formation and stereotypical evaluations (Blair, Judd, Sadler, & Jenkins, 2002; Eberhardt, Davies, Purdie-Vaughns, & Johnson, 2006; Maddox, 2004). That is, preference is given to lighter skinned individuals on the basis of racial features such as skin tone and other facial features.

Both frameworks guide how colorism is enacted as a system of oppression, which speaks to the first part of our model. Moreover, burgeoning colorism research has provided more information about the consequences of colorism but has not led to a comprehensive theory that explains the direct and indirect traumatic stress mechanisms that shape this process. In fact, no one has incorporated trauma within a single overarching colorism framework, and little has been written about the health and interpersonal effects resulting from exposure to skin-tone trauma. Therefore, we extend this work by accounting for how the trauma of experiencing colorism affects health and interpersonal outcomes. We offer the skin-tone-trauma model and encourage empirical verification. By and large, we also think there is little guidance for mental-health practitioners and researchers to recognize the trauma experiences of colorism among African Americans, and its implications for health and interpersonal outcomes, in

existing theoretical and conceptual frameworks. Put simply, most psychologists (and researchers) have not been educated or trained to recognize and acknowledge skin-tone trauma.

As a new way forward, we propose a conceptual model of skin-tone trauma (see Fig. 1) to facilitate this process. We explicate each component of the skin-tone-trauma model and highlight its relevance. The model posits that skin-tone trauma originates with colorism. The model then depicts how historical and contemporary underpinnings of colorism lead to colorist incidents that may produce traumatic stress reactions and subsequent negative effects on the health and interpersonal relationships of African Americans. Using key tenets of critical race and intersectionality theories (Bonilla-Silva, 2015; Cole, 2009; Crenshaw, 1991), we also highlight the complexities of skin-tone trauma as a result of intersectional identities based on existing social hierarchies. Finally, we present suggestions for researchers, as well as recommendations and strategies for practitioners and scholars, to unmask "skin-tone wounds" and promote healing for individuals, families, and communities that suffer from skin-tone trauma. In doing so, we promulgate that skin-tone trauma should also be acknowledged by researchers, scholars, and practitioners to better understand and assess the widespread scope of trauma in the African American community.

Although experiences of colorism are not specific to African Americans and have been reported across racial- and ethnic-minority groups in the United States and around the world (e.g., Chavez-Dueñas, Adames, & Organista, 2014; Dixon & Telles, 2017; Rondilla & Spickard, 2007), we focus specifically on African Americans because they are a unique population of study given the historical legacies of racism and colorism and because they must manage multiple minority stressors related to their race, skin tone, and other statuses (Adams, Kurtz-Costes, & Hoffman, 2016; R. E. Hall, 2010; Landor & Barr, 2018). However, we note that despite the fact that a significant portion of previous colorism research has focused on African Americans, in recent years, accumulated evidence has also shown that colorism affects individuals not only in the United States (among African Americans, Latinx, Asian/Pacific Islanders, Native Americans, and bi- and multiracial people) but also in Africa, Latin America, Asia, and India. For this reason, we argue that our skin-tone-trauma model can be applied to other racial/ethnic groups in the United States and across the globe. The skin-tone-trauma model may also be particularly useful for investigating the experiences of individuals who are racially ambiguous because their skin tone still places them on an inescapable skin-tone continuum. Taken together, without recognizing the historical legacies and

Colorism
System of Oppression Based on Intraracial Stratification, Marginalization, and Invisibility of Skin Tones

Historical and Contemporary Underpinnings
Enslavement Period, Black Power Movement, Colorblind Era
Created and Maintained by Institutional Ideologies, Norms, and Practices

Intersectionality Considerations
• Skin Tone and Color Consciousness
• Gender, Gender Identity, & Gender Consciousness
• Socioeconomic Position
• Race, Racial Identity, and Racial Consciousness

Traumatic Stress Reactions
• Emotional (Shame, Guilt, Anger, Resentment, Frustration)
• Physical (Increased Blood Pressure, Physiological Arousal, Reactivity, Weight Gain/Loss, BMI)
• Behavioral (Isolation/Avoidance, Suicidal Behavior, Alter Appearance)
• Cognitive (Reexperiencing, Internalization)

Colorist Incidents
• Verbal or Non-verbal
• Physical or Visual
• Overt or Covert
• Systematic or Sudden
• Intentional or Unintentional
• Single or Repeated

Health Outcomes
• Mental (e.g., self-esteem)
• Physical (e.g., hypertension)
• Behavioral (e.g., risky sexual behavior)
Interpersonal Outcomes
Dating/Mating, Family Dynamics, Friendships/Peer Networks (Poor Interpersonal Relationships, Interpersonal Distrust, Social Isolation/Withdrawal)

Fig. 1. Skin-tone-trauma model. BMI = body mass index.

contemporary experiences of trauma associated with colorism, as demonstrated in the emotional responses to the Nina Simone biopic, we may not be able to effectively respond to the psychosocial needs of African Americans. This issue has not been captured in traditional theories or conceptual models in psychology and family science or in research on trauma, consequently preventing researchers and clinicians from engaging in a meaningful discussion of the trauma implications of colorism.

Critical Race Theory and Intersectionality as Guiding Frameworks

In conceptualizing our model of skin-tone trauma, we use critical race theory (CRT) and an intersectionality framework. Grounded in the interrogation of racialized power structures and dynamics, these frameworks offer a critical lens through which to examine how colorism can manifest as skin-tone trauma. Scholars (Bonilla-Silva, 2015; Burton, Bonnilla-Silva, Ray, Buckelew, & Freeman, 2010; Crenshaw, Gotanda, Peller, & Thomas, 1995; Delgado & Stefancic, 2001; Parker & Lynn, 2002) have identified several foundational or organizing themes of CRT that we use throughout our model. One is that racism is institutionalized and therefore embedded in all aspects of society. Because racism is systemic, it is manifested in the practices, values, and structures of social institutions so much that it has become the "invisible norm." Colorism scholars have long argued that racism and colorism are distinct but inextricably intertwined, as the system of hierarchy and power structure that govern racism is also used in colorism such that privilege is assigned to Whiteness (or lightness). As expressed by Jablonski (2012), "Skin color was the essential characteristic that gave race its social valence and established its place in the explicit hierarchy" (p. 196).

An additional theme in CRT is that race, racism, and racial identities are not fixed but are socially constructed. According to Delgado and Stefancic (2001, p. 7), "Races are categories that society invents, manipulates, or retires when convenient." Skin tone, colorism, skin-tone identities, and their implications are also not fixed and may vary on the basis of factors such as racial context. For example, Harvey, LaBeach, Pridgen, and Gocial (2005) found that Black students who attended a predominantly Black university assigned a higher value to skin tone than Black students in a predominantly White university.

CRT theorists also acknowledge that race and racism have historical and contemporary significance. CRT scholars relatedly suggest that dominant ideologies such as color blindness, liberalism, and meritocracy need to be challenged. That is, taking a color-blind or multicultural approach ignores the consequences of racism and other forms of oppression and is equivalent to turning a "blind eye" to the historical and contemporary experiences of people of color. Furthermore, CRT takes the position that the experiences and voices of people of color are credible sources for understanding existing power dynamics because of their personal connection to oppression. Furthermore, when working under a CRT lens, there must be a fundamental commitment toward social justice that can involve linking scholarship with practice and policy.

Like Carter et al. (2007), who used an intersectionality lens in their examination of racial trauma, we also put forth a model of skin-tone trauma grounded in an intersectionality framework. Intersectionality is useful because it takes into account the multiple intersecting social identities that individuals and families possess that can create different experiences and subsequent outcomes (Crenshaw et al., 1995). Perspectives on intersectionality are also present within CRT, as CRT interrogates power relationships that are intricately tied to racism and integral to an individual's social identity. These overlapping identities, which may sometimes conflict, are shaped by socially constructed categories such as race, gender, class, and sexuality and are influenced by their associated oppressions (i.e., racism, sexism, classism, and heterosexism). With a few notable exceptions (e.g., Landor & Barr, 2018; McNeil Smith & Landor, 2018), scholars who use an intersectional framework do not identify colorism as one of the multiple forms of oppression that shapes people of color's identity; the social identities predominantly examined are centered around race, gender, class, and sexuality. Thus, when conceptualizing our model, we argue and demonstrate that skin-tone trauma may vary on the basis of intersecting identities shaped by racism, colorism, sexism, classism, and heterosexism.

Skin-Tone Trauma

As in Carlson's model of traumatic stress (Carlson, 1997), skin-tone trauma refers to potential emotionally and psychologically painful colorism experiences that are out of an individual's control and may result in emotional, physical, behavioral, and/or cognitive stress reactions that compromise health and interpersonal outcomes. Exposure to skin-tone trauma may be direct or indirect personal, vicarious, and collective experiences of colorist incidents through individual, institutional, and cultural encounters. Numerous examples of trauma reactions as a result of colorist incidents are presented in memoirs and biographies (e.g., Boyd-Franklin, 2006; Golden, 2004). African Americans who

experienced colorist incidents report feelings of humiliation, irritability, resentment, pride about skin tone, inclusion, rejection, distrust, frustration, anger, and shame (e.g., Golden, Parmer, Arnold, Natt, & Janson, 2004; Russell et al., 1992; Russell-Cole et al., 2013; Wilder, 2015). The burden of traumatic experiences associated with colorism is evidenced by noteworthy skin-tone differences in many areas of life, including employment, educational attainment, and income (Harrison & Thomas, 2009; Hersch, 2006; Monk, 2014); marriage (Bodenhorn, 2006; Hamilton, Goldsmith, & Darity, 2009; Landor, 2017); interactions in the criminal-justice system (Burch, 2015; Viglione, Hannon, & DeFina, 2011); and health (Coard, Breland, & Raskin, 2001; Landor & Halpern, 2016; Monk, 2015; Russell et al., 1992; Russell-Cole et al., 2013). Furthermore, the cumulative impact of colorism encompasses the psychological, emotional, physical, and social effects of historical and multigenerational trauma of colorism (Parmer et al., 2004). Scholars should not only view racial trauma as historical trauma but also add skin-tone trauma to the historical trauma literature given that it manifests itself psychologically and affects members across generations, including present-day members. Below, we review components of the skin-tone-trauma model, first giving attention to the key historical and contemporary underpinnings of colorism among African Americans.

Historical and contemporary underpinnings of colorism: a case for skin-tone trauma

For a complete understanding of the manifestations of skin-tone trauma, the historical and contemporary context of colorism must be explored. Drawing on the CRT principles that race and racism (a) have historical and contemporary significance and (b) are "continually being revised on the basis of a group's own self-interest" because of the socially constructed nature of race (Burton et al., 2010, p. 442), the top pathway shown in Figure 1 depicts how colorism was created, maintained, challenged, and ignored in three specific time periods in America: the period of enslavement, the Black Power movement, and the contemporary color-blind era.

Period of enslavement: antebellum era. Like racism, colorism has its roots in slavery and colonialism in the United States, in that skin tone has historically played a role in determining power stratification and racial hierarchies across racial/ethnic groups and within the African American community. Skin tone was used to form a caste system among slaves by White slaveholders such that lighter skinned slaves were often assigned less stringent, indoor, domestic work or skilled labor jobs, whereas darker skinned slaves were relegated to harsher outdoor field work (Glenn, 2008; Russell et al., 1992; Wilder, 2010). There is also evidence that lighter skinned slaves were sold at a higher price and therefore were valued more than their darker skinned counterparts (Keith & Herring, 1991; Matthews & Johnson, 2015). This stratification and value was apparent among slaves. Drawing on the work of Frazier (1957), Keith and Herring (1991) state that

> mulattoes were conscious of the distinctions between themselves and darker slaves and believed that their white blood did indeed make them superior. Along with color differences in occupational status, the similarities between Whites and Mulattoes in physical appearance, speech, dress, and customary behavior reinforced this attitude in the slave population as a whole. (p. 762)

In essence, White colonists created and encouraged hierarchies on the basis of the "privileging of Whiteness" (Hunter, 2002, p. 176) within the slave community that resemble the present-day Black/White stratification of power.

Postbellum. After the Civil War, many lighter skinned slaves internalized these ideas and formed elite communities, civil and cultural organizations, churches, and sororities and fraternities that were off limits to their darker skinned counterparts (Russell-Cole et al., 2013). Scholars note that it was common for lighter skinned African Americans to host "paper-bag parties" that admitted only those whose complexion was lighter than that of a brown paper bag, in addition to other exclusionary practices such as including only those who were light enough for their blue veins to be visible (e.g., Blue Vein Society) or had hair straight enough that a comb could easily pass through it (Okazawa-Rey, Robinson, & Ward, 1986).

Black Power movement: "Black Is Beautiful" philosophy. Several scholars point to the Black Power movement and the associated "Black Is Beautiful" philosophy of the 1960s as a time during which shifts in color consciousness were expected to occur within the Black community (Coard et al., 2001; Keith & Herring, 1991; Monk, 2014). This movement prompted Black Americans to embrace their race and physical features such as skin tone, hair texture, and facial features (Brown, Ward, Lightbourn, & Jackson, 1999; Camp, 2015). Overall, Black beauty was celebrated, and behaviors that challenged Eurocentric beauty ideals arose such as abandoning products to straighten hair and wearing clothes with more culturally authentic expressions (Camp, 2015).

Although there were educational, occupational, and economic improvements among Black Americans that

led to considerable advances for the Black middle class in the 1960s (Keith & Herring, 1991), disadvantages for darker skinned Blacks remained. This was particularly apparent for Black women who were less likely to marry upwardly mobile men (Brown et al., 1999). Furthermore, using a 1965 study of Black male heads of households, Ransford (1970) found that lighter skinned Black males were more likely to hold better occupational positions and have a higher income than darker skinned males. Scholars have concluded that the socioeconomic inequality between dark-skinned and light-skinned Blacks between 1950 and 1980 was just as large as that between Blacks and Whites (Hughes & Hertel, 1990).

It is worth noting that Goering (1971) documented some promising evidence of positive changes as a result of the Black Is Beautiful cultural movement of the 1960s. In his study of Black high school students from two cohorts (i.e., 1950 and 1970), he found that for the 1970 cohort there was greater acceptance of having social relationships with, and a greater willingness to marry, dark-skinned Blacks than it was for the 1950 cohort. Despite these advances, it is possible that the Black cultural movement also prompted discrimination toward light-skinned Blacks such as by questioning whether they were "Black enough." This is reflected in one of the respondent's statement in the Goering (1971) study: "Because when you are light Afro-American, the blacks don't really want to accept you and the whites don't want you. Because being white is not all right, being white would make me an Uncle Tom" (p. 236). Overall, the Black Is Beautiful movement, on the one hand, had unifying effects for some Blacks but, on the other, may have contributed to the marginalization of Blacks who did not physically or psychologically represent this new self-pride. There is also evidence that color biases remained even among those who internalized the message that Black is beautiful given the lingering influence of White supremacy (Anderson & Cromwell, 1977).

Color-blind era. Color-blind ideologies emerged in the post–Civil Rights era and can also be credited in contributing to existing manifestations of colorism. Neville, Awad, Brooks, Flores, and Bluemel (2013) describe color-blind racial ideology as an ideology that is "unattainable, reinforces racial prejudices and/or inequality, and is actually an expression of ultramodern notions of racism among White Americans and internalized racism or the adoption of negative racial stereotypes among people of color" (p. 455). In efforts to reach racial equality by perceiving a racially assimilated society, the dominant racial hierarchy is reified. Sometimes referred to as the "new racism," color blindness continues to privilege Whites through the assumption that race is irrelevant despite the reality that people of color continue to be disadvantaged by their social position in society (Neville et al., 2013).

Underneath the color-blind ideology is the belief that America is a meritocracy; therefore, marginalized individuals are deserving of their circumstance because they did not work hard enough for their own advancement (Ebert, 2004). However, this fails to acknowledge the historical oppression that has contributed not only to interracial disparities but also to intraracial differences (e.g., the economic privileges of lighter skinned African Americans). In fact, a study conducted by Monk (2014) examined whether color stratification continues to persist in the 21st century. Using the National Survey of American Life (2001–2003) and controlling for a host of demographic variables, including age, sex, marital status, and geographic region, he found that among African American adults, the lighter their skin tone, the higher their reported household income, educational attainment, and occupational status. Thus, not acknowledging variations in privileges across race *and* skin tone is harmful and undermines the contemporary experiences of people of color.

Even decades after the civil rights movement, skin-tone stratification and colorism have become normalized and remain embedded in contemporary America. Cultural messages continue to permeate throughout the United States, have been adopted across the world through media, and contribute to a profitable industry focused on obtaining the Eurocentric beauty ideal (Dixon & Telles, 2017; Hunter, 2007; Glenn, 2009). These historical and contemporary underpinnings of colorism contribute to the manifestation of colorist incidents for African Americans. In the following sections, we explicate colorist incidents as critical components of our skin-tone-trauma model, thereby proposing pathways of how colorist incidents may directly and indirectly, by eliciting traumatic stress reactions, lead to health and interpersonal outcomes.

Colorist incidents

Colorist incidents, defined as verbal, nonverbal, physical, and/or visual assaults and violations resulting from an individual's skin tone (e.g., lightness/darkness of skin color), are manifestations of colorism and central to explicating the skin-tone-trauma model. Like experiences of racism, colorist incidents can be overt or covert (ambiguous), systematic or sudden, intentional or unintentional, and experienced through language and/or symbols (e.g., the absence of people who look like you on television shows and in magazines). A colorist incident may be a single event or repeated experiences that are additive. These assaults occur from within-race and across-race perceivers at an interpersonal level or

within institutions (e.g., institutional colorism) and often take place across the life course. Recent estimates of colorist incidents among a sample of Black adolescents showed that 53% of dark-skinned respondents reported that Whites treat them worse because of their skin tone compared with 20% of light-skinned respondents. On the other hand, 41% of light-skinned respondents reported that Whites treat them better because of their skin tone compared with 23% of dark-skinned respondents (Landor, 2019). Moreover, colorist incidents are often more than benign experiences, as they can affect one's sense of self (Wilder & Cain, 2011) and connection to their racial/ethnic group(s) and the larger society (Coard et al., 2001). Colorist incidents may also be in the form of microaggressions (see Sue et al., 2007) when they are "brief, everyday exchanges that send denigrating messages to people of color" (Sue et al., 2007, p. 273). An example of a colorist incident in the form of a microaggression is an individual telling a darker skinned woman that she is "pretty, for a dark-skin woman." In this case, the individual may be unaware that such a comment may represent his or her internal biases or stereotypes that darker skinned women are not pretty.

Colorist incidents stemming from larger social institutions such as the criminal-justice, health-care, and education systems are also prevalent. For instance, several studies have documented associations between skin tone and differential outcomes in the criminal-justice system, including arrests, incarceration, sentencing, and the death penalty. A groundbreaking study by Eberhardt et al. (2006) found that the more stereotypically Black (meaning having darker skin and more Afrocentric facial features) a defendant was perceived to be, the more likely he or she was to be sentenced to death. Another study of African American adults found that skin tone was significantly associated with the probability of having been arrested and/or incarcerated (Monk, 2019). Other research found darker skin to be associated with longer prison sentences (Gyimah-Brempong & Price, 2006; King & Johnson, 2016; Viglione et al., 2011). Implicit bias within the health-care system can also produce colorist incidents.

For instance, research has shown that Black Americans, particularly Black men, are perceived by providers to feel less pain than their White counterparts do (Hoffman, Trawalter, Axt, & Oliver, 2016; Trawalter, Hoffman, & Waytz, 2012). Hoffman and Trawalter (2016) found that these beliefs were related to an assumption that Blacks experienced more hardship than Whites and were thus better able to deal with their pain. Such an assumption may be present by skin tone if darker skinned individuals are perceived as having more hardship and thus more tolerable to pain than their lighter

skinned counterparts. Colorist incidents can also be found in the education system through disciplinary practices that disadvantage darker skinned children and reinforce the school-to-prison pipeline and through the presence of a social hierarchy of students that favors those who have lighter skin within racially segregated schools in which there are no White students (Hunter, 2016). Taken together, previous work suggests that colorist incidents stemming from the criminal-justice, health-care, and education systems are institutionalized forms of colorist incidents that can adversely affect health and interpersonal outcomes at the intersection of multiple social-position factors.

Colorist incidents and their relation to health and interpersonal outcomes

Growing evidence across a number of disciplines, including psychology, sociology, family science, anthropology, and economics, documents the impact of colorism on health and interpersonal outcomes. In the section that follows, we focus on specific health and interpersonal outcomes addressed in previous studies on colorism that can directly result from experiences of colorism. These outcomes are conceptualized to reflect the direct short- and long-term consequences or effects of colorist incidents. In our conceptual model, this relation is depicted by a pathway between colorist incidents and health and interpersonal outcomes that are divided into subsections delineating health and interpersonal outcome variables in our model.

Health outcomes. Past studies have focused on the effects of variations in skin tone on mental-, physical-, and behavioral-health outcomes. For example, studies have documented associations between skin tone and psychological adjustment, including self-esteem (Coard et al., 2001; Landor, Simons, Granberg, & Melby, 2019; Mucherah & Frazier, 2013; Robinson & Ward, 1995; Thompson & Keith, 2001); body satisfaction (Falconer & Neville, 2000); and perceived attractiveness (Hersch, 2011; Hill, 2002). In particular, darker skinned individuals report lower self-esteem (Coard et al., 2001; Robinson & Ward, 1995; Thompson & Keith, 2001), lower body satisfaction (Falconer & Neville, 2000), and more depression (Monk, 2015) than their lighter skinned counterparts. Furthermore, a study of emerging African American and Latinx adults found that skin tone and skin-tone satisfaction were associated with racial/ethnic identity and, in turn, predicted depressive symptoms, anxiety, and self-esteem (Landor & Zeiders, 2019). Krieger (2000) reported that several epidemiological studies showed that self-reported health status is lower for darker skinned women. Some research has also documented the negative mental-health outcomes of lighter skinned individuals who

experience social rejection and challenges to their racial authenticity. People with lighter skin often feel that they have to prove themselves to members of their racial group (Hunter, 2005), which leads to adverse effects on their self-esteem (Harvey et al., 2005). Harvey et al. (2005) examined the within-group stigmatization of skin tone among Black Americans who attended a predominantly Black school and found that darker skin was associated with higher self-esteem as opposed to lighter skin. That is, lighter skin was not linked to higher self-esteem. Findings suggest that higher self-esteem was a result of being the more favored skin tone (darker skin) among the majority of people in the context.

There are also associations between skin tone and physical-health outcomes such as hypertension (Klag, Wheton, Coresh, Grim, & Kuller, 1991; Klonoff & Landrine, 2000; Sweet, McDade, Kiefe, & Liu, 2007; Tyroler & James, 1978) and mortality (Knap et al., 1995; Stewart, Cobb, & Keith, 2018). Klonoff and Landrine (2000) investigated darker complexioned individuals' rates of hypertension and found that darker skinned African Americans are more likely to experience racist events and are more likely to develop hypertension. Similar findings have been demonstrated in work by Monk (2015). Skin tone has also been linked to behavioral outcomes, including risky sexual behavior (Landor & Halpern, 2016; Townsend, Thomas, Neilands, & Jackson, 2010). For instance, Townsend et al. (2010) found that adolescents who endorsed colorism attitudes were more likely to engage in early intercourse and inconsistent condom use.

Interpersonal outcomes. The consequences of skin tone have also been documented in colorism research examining how skin tone has influenced the interpersonal outcomes of African Americans. This body of literature has focused on three specific areas of inquiry: dating and mating, the family context, and friendship and peer interactions.

Dating and mating. The significantly disproportionate ratio of available Black men to Black women is highlighted and used to illuminate the difficulty in being selected as a mate for dark-skinned African American women. As an African American woman expressed during a discussion about dating and colorism,

> None of the boys wanted to marry me because I was too dark and they were already asking me "you know your children are going to come out really, really dark and that's not good." But my light skinned friend got married to a different boy every day. But, I didn't because I wasn't light enough, and that really hurt my feelings, and to

this day, it still brings me back to the idea that I'm not good enough. (Awad et al., 2015, p. 550)

Moreover, studies have found that men of higher social and economic status are more likely to marry (and date) lighter skinned women than to marry or date their darker skinned peers (Hunter, 2007; Landor & Barr, 2018; Wade, 2008). Darker skinned individuals receive messages to date lighter (i.e., "lighten the line") to produce lighter offspring and gain social power. For example, Golden (2004) details in her book, *Don't Play in the Sun*, that her mother once told her not to play in the sun because "you're going to have to get a light-skinned husband for the sake of your children as it is" (p. 4). As a result, these messages about skin-tone preference in the dating and mating markets also influence the dating attitudes and romantic experiences of African Americans (Hunter, 2013; Landor, 2017; Stephens & Thomas, 2012). Conversely, lighter skin is not always an advantage in the dating and mating market. For instance, lighter skinned men reported lower ratings of sexual attractiveness compared with their darker skinned counterparts. Darker skinned African American men have been stereotyped as sexual animals who are more physically fit, masculine, and dominant (and therefore more sexually attractive) than their lighter skinned counterparts. Thus, darker skinned men benefit from stereotypes about their masculinity and sexuality, whereas lighter skinned men feel that they have less value in the sexual-attractiveness marketplace (Hunter, 2005; Udry, Bauman, & Chase, 1971; Wade, 1996).

The family context. Empirical research, clinical studies, and autobiographical accounts have illustrated the implications of colorism even within the family context. Boyd-Franklin (2006) noted that skin-color variation in familial contexts exacerbates sibling rivalry, prompts questions of paternity, and is at the root of painful trauma. As demonstrated in Golden (2004), families have been found to devalue or idealize their members on the basis of skin tone and provide messages about their skin-tone preferences, often by gender. In a focus-group study of 26 Black women between the ages of 18 and 40 years, Wilder and Cain (2011) found that maternal figures (e.g., mothers, grandmothers, aunts) were the primary disseminators of colorism. These women indicated that they learned to associate darkness with negativity and lightness with beauty. Russell-Cole et al. (2013) also recounted a story of a dark-skin woman who was haunted by her mother's warning that she was too dark for anyone to marry her and how she repeated the same messages to her daughter. She stated,

> I had a girl and I guess God punished me because she came out dark, and—as much as I said I

would never do to my daughter what my mother did to me—I seem to be repeating the cycle of my youth by cautioning my own daughter to stay out of the sun and not to go out with any dark skinned Black boys. (p. 140)

Some parents also exhibited preferential treatment toward their lighter skinned children (Tharps, 2016). While discussing her family's internalized scripts around skin tone, a dark-skinned female participant said,

My parents never expected me to do well in school, they were shocked when they learned that I was the salutatorian. In fact, my college fund was much smaller than both my lighter-skinned siblings; truth be told, my parents didn't expect or intend for me to attend college. (J. C. Hall, 2017, p. 76)

In other cases, families have been found to provide a higher level of protection for their darker skinned children (Boyd-Franklin, 2006). Landor et al. (2013) investigated the influence of colorism within African American families and found that the effects varied at the intersection of skin tone and gender. Light-skinned daughters received higher-quality parenting than dark-skinned daughters. In contrast, dark-skinned sons received higher-quality parenting and more racial socialization that promoted mistrust of Whites than sons with lighter skin. Having lighter skin can also be a common source of discomfort and conflict in families, as family members describe poor familial relationships because of feelings of preferential treatment given to lighter skinned members (Golden, 2004; Phillips, 2004).

Friendships and peer interactions. Individuals report negative outcomes through interpersonal experiences with others who, consciously or unconsciously, have skin-tone beliefs that are negative. It is these colorist incidents that can trigger deep feelings of distrust, isolation, and withdrawal. High school students reported that popularity and general greater social success of a peer was attributed to having lighter skin (Anderson & Cromwell, 1977; Bond & Cash, 1992). Colorism may also create divisions between peers of different skin tones. Russell-Cole et al. (2013) suggest that when social groups are created based on skin tone, such groups can be impenetrable. One example of this is reflected in the comments of a dark-skinned African American woman explaining how skin tone affects the formation (or not) of friendships:

If you're lighter and I think you're better and I think the guys want you, then I won't treat you nicely. I'll take every opportunity to ignore you, or not tell you something, or keep you out of my little group of friends, because really I feel threatened, so I want to punish you because you have it better than me. (Hunter, 2005, p. 72)

Moreover, work by Harvey et al. (2005) found that darker skin was associated with higher perceived acceptance among predominantly Black peers. Consequently, lighter skin was associated with lower perceived acceptance among peers. Hurtful name-calling and bullying taunts based on one's skin tone also has a long history in the colorism literature. Labels for dark skin were often derogatory, whereas terms for lighter skin were more positive (some exceptions labeled lighter skinned individuals as "stuck-up" and "shallow" or suggested that these individuals "think they are better" than their darker skinned peers). Many African Americans can recall from childhood and adolescence the verbal and physical attacks that were motivated by skin-tone envy or disdain (J. C. Hall, 2017). Metaphors and colloquial phrases have been used to express skin-tone preferences among peer groups. One illustrative example, often used in the colorism literature and a form of psychological abuse, is, "If you're white, you're all right; if you're yellow, you're mellow; if you're brown, stick around; if you're black, stay back." Moreover, present-day illustrations of this phenomenon can be seen on social media with Facebook and Twitter hashtags #teamdarkskin and #teamlightskin. These experiences among peers and friends can create painful and often long-lasting divisions in interpersonal relationships.

Linking colorist incidents to health and interpersonal outcomes: traumatic stress reactions as mechanisms

Colorist incidents, which refer to verbal, nonverbal, physical, and/or visual assaults and violations experienced because of an individual's skin tone, can also affect health and interpersonal outcomes indirectly through traumatic stress reactions (Garfin, Holman, & Silver, 2015). Traumatic stress reactions are conceptualized as the stress responses that occur as a result of experiences of colorism (colorist incidents) and may be exhibited emotionally, physically, behaviorally, and cognitively or in combination. Long-standing evidence shows a significant distribution of advantages and disadvantages conditioned on skin tone and document skin tone as a qualitatively unique source of stress for African Americans (Hunter, 2007; Monk, 2015; Russell-Cole et al., 2013). Thus, the essential defining feature for a variable to be classified as a traumatic stress

reaction is that the variable must be conceptualized as a stress response to a colorist incident.

Exposure to colorism has been correlated with numerous stress-related responses. For example, lighter skinned African Americans expressed emotional traumatic stress reactions such as guilt about their ability to use skin tone as leverage and power (Frazier, 1957; Parmer et al., 2004; Russell-Cole et al., 2013), whereas darker skinned African Americans reported feelings of shame and guilt in the usage of skin-bleaching creams to alter the appearance of their skin tone (Glenn, 2009; Neal & Wilson, 1989). In addition, Golden (2004) and Morrison (2016) described the emotions of darker skinned African Americans who felt angered, hurt, and rejected because of the negative treatment they received from family and friends. On the other hand, narratives of light-skinned individuals are not always positive: They have been stereotyped as "stuck-up" and "bougie" (a shortening of "bourgeoisie"), resulting in anger and frustration (Duke, 2015). Moreover, lighter skinned individuals have expressed feelings of resentment for being asked whether they were White and insulted when their response was met with dismissive laughs, disbelief, and whispers of paternity because their answer was no (Hunter, 2005, 2007).

Colorist incidents have also been linked to physical traumatic stress reactions such as blood pressure (Armstead, Hébert, Griffin, & Prince, 2014; Klag, Whelton, Coresh, Grim, & Kuller, 1991; Sweet et al., 2007) and body weight (Armstead et al., 2014). For instance, an early study of Black respondents found that darker skin was associated with higher diastolic and systolic blood pressure (Gleiberman, Harburg, Frone, Russell, & Cooper, 1995). Another study of African American female college students found that darker skin was a predictor of both resting blood pressure and greater body mass index (Armstead et al., 2014). Likewise, in a study of African American young adults by Sweet and colleagues (2007), darker skin was associated with increased blood pressure. Previous studies also document behavioral reactions to colorist incidents, including social isolation from social or civic activities (Golden, 2004; Hunter, 2005; Kerr, 2005), avoidance (J. C. Hall, 2017), suicidal behavior (Perry, Stevens-Watkins, & Oser, 2013), and appearance-altering behavior (Glenn, 2008). R. E. Hall (1995) used the term "bleaching syndrome" (p. 172) to describe attempts of many African Americans to alter their appearance and assimilate to mainstream culture by using bleaching creams and/or avoiding the sun. Lighter skinned women and men have also talked about feeling stigmatized as not legitimate or authentic members of their racial/ethnic community, resulting in avoidance and isolation (Hunter, 2008; Rockquemore, 2002).

Studies have also linked colorist incidents to cognitive traumatic stress reactions such as internalized colorism and reexperiencing colorist incident(s). We conceptualize internalized colorism to occur when a member of a marginalized skin-tone group accepts the negative societal beliefs and stereotypes perpetuated about their group. We posit that similar to internalized racism (Jones, 2000; Speight, 2007), individuals who experience colorist incidents may blame their skin tone and attempt to disconnect from it and/or alter it. Studies highlight examples in which dark-skinned individuals internalize colorism by accepting the "black-sheep" mentality (i.e., having feelings of inadequacy based on thoughts of being less physically attractive because of one's darker complexion; Baxley, 2014) and/or preferring lighter skinned romantic partners as a result of internalization of societal beauty norms (Norwood, 2014). A young woman from a study by J. C. Hall (2017) who discussed how she internalized the negativity placed on her darker skin said the following:

> I am the darkest female in my family; growing up, the lighter-skinned females were always told they were pretty. I remember my uncle calling me ugly; he has dark skin too. His insults scarred me; I've worked hard to be "good enough." For me, being teased and bullied at school was a daily occurrence. (p. 76)

An African American woman also discussed her experiences with internalizing colorism and her family members cautioning her to stay out of the sun to gain the attention of light-skinned males (Wilder, 2015). The impact of colorist incidents has also been detailed in studies in which respondents talked about reexperiencing colorism every time they looked at images in the media (Keenan, 1996; Steele, 2016) and when their school selected prom and homecoming queens (Awad et al., 2015). One teen said,

> People just couldn't see past the skin color my whole life you know even when it came to prom and homecoming queen. We had very pretty dark skin girls at my school but the light skinned girls always won . . . it was just because they were pretty or just because they looked more like the White people. (Awad et al., 2015, p. 550)

These emotional, physical, behavioral, and cognitive traumatic stress reactions, in turn, may leave individuals more vulnerable to compromised health and interpersonal outcomes. Substantial research has linked these stress reactions to both poorer health and impaired interpersonal outcomes (Din-Dzietham, Nembhard,

Collins, & Davis, 2004; Gibbons et al., 2010; Harrell, 2000; Thoits, 2010). For instance, qualitative and quantitative research has documented relations between emotional and cognitive traumatic stress responses as a result of the use of triggering terminology and messages such as being "pretty, for a dark skin girl" or "tar baby" and other colorism experiences that have left individuals feeling rejected and devalued and, in turn, have affected their mental health (Maddox & Gray, 2002; Morrison, 2016; Wilder, 2010). Scholars suggest that these emotional and cognitive traumatic stress responses impede the development of a healthy self-esteem and can lead to anxiety disorders (Leary, Cottrell, & Phillips, 2001; McLaughlin et al., 2010; Smart Richman & Leary, 2009). Stress as a result of discriminatory experiences, such as colorism, is also related to poorer physical-health outcomes, including self-rated health, hypertension, and mortality (Pascoe & Smart Richman, 2009; Williams, Neighbors, & Jackson, 2003), and has adverse effects on behavioral outcomes such as risky sexual behavior (Roberts et al., 2012; Stock, Gibbons, Peterson, & Gerrard, 2013). In recent years, prospective studies have confirmed the developmental role of stress by highlighting how stress in early life plays a causal role in the later development of deleterious health outcomes (Assari, Moazen-Zadeh, Caldwell, & Zimmerman, 2017; McNeil Smith & Landor, 2018; Priest et al., 2013). In addition, traumatic stress reactions also affect the quality of individuals' interpersonal outcomes (Smart Richman & Leary, 2009). Thus, we used traumatic stress reactions to conceptualize the ways in which colorist incidents contribute to stress levels that can adversely affect health and impair interpersonal relationships.

Intersectional considerations of the skin-tone trauma due to social hierarchies

Although we propose that colorist incidents should be considered as an etiological factor in traumatic stress reactions and subsequent health and interpersonal outcomes at the intersection of multiple social positions, not all individuals who experience colorist incidents will report skin-tone trauma. A few studies have pointed out that some individuals who experience colorism report being empowered by their experiences (Hill, 2002; Hunter, 2007). Nevertheless, for others, colorist incidents can result in skin-tone trauma and therefore are important to acknowledge, understand, and address. Thus, we suggest examining the process of skin-tone trauma through a critical race and intersectional lens.

Exploring skin-tone trauma through a critical race and intersectionality lens allows us to consider how multiple intersecting categorical statuses contribute to

within-group racial differences of skin-tone trauma. Thus, the skin-tone-trauma conceptual model accounts for the multiple identities derived from categories of skin tone, gender, socioeconomic position, and race, as well as the associated subjective experiences (e.g., color, gender, and racial consciousness) that have been shown to contribute to variable outcomes among African Americans. Although we do not exclude other categorical identities that undoubtedly contribute to one's social position (e.g., sexuality, religion), for the purpose of this article we highlight those that have primarily been examined in the extant literature.

Most of the literature that supports the need for an intersectional approach to colorism and skin-tone trauma documents the differences in experiences between African American men and women of different skin tones. Referred to as "gendered colorism" (Hill, 2002, p. 78; Landor et al., 2013), the general consensus is that African American women are disproportionately affected by colorism compared with their male counterparts (Hunter, 2007). In a society in which Whiteness of skin is highly valued as a dimension of beauty, dark-skinned African American women are at a disadvantage. For example, although both males and females experience colorism, dark-skinned women are more likely to have negative impacts on psychological outcomes, including self-esteem (Thompson & Keith, 2001) and body satisfaction (Glenn, 2008; Hughes & Hertel, 1990; Keith & Herring, 1991). In domains that especially affect women, such as perceived attractiveness and mate-selection opportunities, some researchers have asserted that a competitive dynamic has developed that has led to animosity between skin-color groups (Hughes & Hertel, 1990; Russell-Cole et al., 2013). The intersections of racial/ethnic minority status, skin tone, and gender combine to make darker skinned African American women more susceptible to colorist incidents that can lead to poorer health and interpersonal outcomes than lighter skinned individuals or African American men.

Although it is understood that skin tone creates advantages and privileges, often in favor of lighter skinned individuals, it is also worth noting that perceptions of skin tone are relative in that they are based on one's subjective experiences with race and skin tone. For example, the consequences of skin-tone bias have been shown to depend on racial identity and skin-tone satisfaction (Coard et al., 2001; Landor & Zeiders, 2019; Maxwell, Brevard, Abrams, & Belgrave, 2015). For example, Maxwell et al. (2015) found that darker skinned individuals with high skin-tone satisfaction reported more positive racial-identity beliefs than both lighter and darker skinned participants low in skin-tone satisfaction. However, this differs from the Coard et al. (2001) study that found that lower self-esteem was

present among dark-skinned participants who were satisfied with their skin tone. Taken together, these findings highlight the complexity of this issue and the importance of examining racial identity and skin-tone satisfaction.

We must also incorporate socioeconomic position among the intersections of identities that afford varying advantages and disadvantage across skin tones. It has been well documented that lighter skinned African Americans receive greater economic and educational advancements than their darker skinned counterparts (Hersch, 2006; Hunter, 2002; Keith & Herring, 1991; Loury, 2009; Monk, 2014). These differences emerged historically from the opportunities (e.g., education, property, trade skills) given to lighter skinned African Americans because of their "white blood" that were subsequently passed down to subsequent generations (Brown et al., 1999; Keith & Herring, 1991). These differences also emerged through mate selection such that darker skinned African Americans with lower socioeconomic positions were less likely than their lighter counterparts to date and/or marry spouses of higher socioeconomic positions (Hamilton et al., 2009; Landor & Barr, 2018).

Beyond differences in educational, occupational, and income opportunities between lighter and darker skinned African Americans, there is also evidence that these differences depend on African Americans' socioeconomic position (Hannon, 2015; Monk, 2015). For example, Thompson and Keith (2001) found that among low-income African American women, the lighter their skin tone, the higher their self-esteem. However, they found that there was no relationship between skin tone and self-esteem among higher income African American women, suggesting that socioeconomic position may buffer the negative effects of skin tone on self-esteem for darker African American women. Furthermore, Bowman, Muhammad, and Ifatunji (2004) found that racial consciousness differed between lighter and darker skinned African Americans across location and class structure. In particular, darker skinned African Americans in both the "poverty and below" and "way above poverty" conditions were more likely than their lighter skinned counterparts to perceive that "Whites want to keep Blacks down." Conversely, lighter skinned African Americans in the "just above poverty" condition were more likely to adhere to this belief than their darker skinned counterparts.

What these findings collectively demonstrate is that skin-tone trauma is complex, multilayered, and unique at the intersections of several social-position factors; thus, a conceptual model that accounts for this phenomenon is needed. Our skin-tone-trauma model suggests that it is the intersection of skin tone, gender, race, and socioeconomic position with other social-identity factors in African Americans' lives that may ultimately determine whether they experience colorist incidents that lead to skin-tone trauma.

Suggestions for Future Research and Implications for Healing Wounds of Skin-Tone Trauma

Theoretical and empirical work by Bryant-Davis and Ocampo (2005), Carter (2007), and Clark and colleagues (1999) have paved the way in conceptualizing racial trauma. Our efforts in this article build on this literature to forge a new way forward in understanding the widespread scope of trauma in the African American community. As we reflect on the deep-seated emotional reactions to the colorism controversy surrounding the Nina Simone biopic as discussed in the introduction, we are reminded of society's continued devaluation of dark skin and the spread of White/light supremacy. This is the first article to offer a conceptual model of how the historical and contemporary underpinnings of colorism lead to colorist incidents that may directly and indirectly, by eliciting traumatic stress reactions, lead to negative effects on the health and interpersonal relationships of African Americans. Our model provides mechanisms for further exploration. Thus, the need for more attention to skin-tone trauma is critical. Researchers and practitioners will benefit as a result. To this end, we offer suggestions for research as well as recommendations and strategies for practitioners.

Research should continue to examine not only racial trauma due to experiences of racism but also colorism as an oppressive mechanism that may also play a significant role in the lives of African Americans. Extensions of this area of research could examine the effects of colorism and skin-tone trauma across additional health outcomes, such as depression, anxiety, and substance use, and interpersonal outcomes, such as work and neighborhood environments, to understand the extent to which colorist incidents can lead to trauma. To do this work, we encourage researchers to use validated measures of colorism (e.g., the In-Group Colorism Scale; Harvey, Tennial, & Hudson-Banks, 2017) to assess skin-tone trauma, as well as an intersectional lens to examine experiences across a host of social identities. Additional research in this area will lead to informing the development of preventative intervention programs that can help to reduce and eliminate the deleterious consequences of skin-tone trauma.

In addition, our conceptual model has immediate implications for practitioners. Practitioners need to be educated and trained in concepts such as skin tone, colorism, colorist incidents, and skin-tone trauma to effectively respond to the psychosocial needs of African Americans. As a result, clinicians will be able to inquire

about clients' experiences of colorism and engage in meaningful discussions of the trauma implications of colorism. Furthermore, as posited in this article, colorism may be a unique and additional source of trauma; therefore, a thorough evaluation of a clients' trauma exposure should assess for colorist incidents and traumatic stress reactions to such incidents. Clients will also benefit from naming these experiences as skin-tone trauma. When a phenomenon remains a nameless condition, individuals may have doubts about what they are experiencing. Naming these experiences as skin-tone trauma gives them a voice to speak about their experiences and recognize the ways in which they are affected by them. Unfortunately, the conditions that reinforce skin-tone trauma are not likely to change overnight, and counselors need to begin to take steps to recognize and address these often hidden wounds. To this end, counselors must develop tools to effectively serve clients who report skin-tone trauma. Until practitioners are equipped with these tools, healing skin-tone wounds in a therapeutic setting cannot occur. One example of this may be to inquire about clients' memories of colorist incidents. Asking clients to discuss their skin-tone stories may expose often hidden skin-tone wounds through storytelling. Practitioners could also incorporate culturally relevant sources of recovery (e.g., bolstering spiritual health, strengthening social-support networks) into these important conversations. Furthermore, clinicians who are aware of the historical and contemporary manifestations of colorism in the African American community are better equipped to listen for "openings" when discussions of racial and skin-tone trauma occur.

In conclusion, as colorism continues to influence the health and interpersonal outcomes of African Americans, addressing the trauma implications of colorism is critical. Despite an effort to keep the discussion of colorism as a "dirty little secret" and less salient than racism, we believe that this article illustrates the need to unmask skin-tone wounds and promote healing for individuals, families, and communities that suffer from skin-tone trauma.

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